PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Redu sons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/675,693 Filing Date PADEN 9/29/2000 TRANSMITTA First Named Inventor Mark A. Alcazar **FORM** Group Art Unit 2625 (to be used for all correspondence after initial filing) **Examiner Name** SANJIV D. SHAH Attorney Docket Number MS1.0657US Total Number of Pages in This Submission ENCLOSURES (check all that apply) X Drawing(s) Fee Transmittal Form After Allowance Communication to Group Fee Attached Licensing-related Papers Appeal Communication to Board Petition of Appeals and Interferences Amendment / Reply Petition to Convert to a Appeal Communication to Group After Final **Provisional Application** (Appeal Notice, Brief, Reply Brief) Affidavits/declaration(s) Power of Attorney, Revocation Proprietary Information Change of Correspondence Extension of Time Request Status Letter Address **Express Abandonment Request** Other Enclosure(s) (please **Terminal Disclaimer** Information Disclosure Statement identify below): Request for Refund Form 1449, 1 Reference, Return Certified Copy of Priority CD, Number of CD(s) Postcard **Documents** Response to Missing Parts/ Incomplete Application Remarks Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Michael K. Colby/Reg. No. 45816 Individual Name Signature 2600005 Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Melissa Nelson

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date

Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Filing Date		9/29/2000
Confirmation No	DC1 % 0 2000 PM	1489
Inventorship	(A)	9/29/2000 1489 Mark A. Alcazar Microsoft Corporation
Applicant	PADEMART	Microsoft Corporation
Group Art Unit	••••	2625
Examiner	•••••	SANJIV D. SHAH
Attorney's Docket No		MS10657US
Title: Évent Routing Mo		

INFORMATION DISCLOSURE STATEMENT AND **CERTIFICATION UNDER 37 CFR 1.97(e)**

The citations listed, copies attached, may be material to the examination of the subject application and are therefore submitted in compliance with the duty of disclosure defined in 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

I hereby certify that to my knowledge, after reasonable inquiry, no item of information contained in the accompanying PTO-1449 was cited in a communication from a foreign patent office in a counterpart foreign application or was known to any individual designated in §1.56 (c) more than 3 months prior to the filing of this statement.

Respectfully Submitted,

Date: 26 02/05

Michael K. Colby

Reg. No. 45816

10/31/2005 HT#CKLU1 00000045 120769 01 FC:1806 ²²

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OCT 28 2005

Substitute for form 1449/PTO

Sheet

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

1	of	2

Complete if Known				
Application Number	09/675,693			
Filing Date	9/29/2000			
First Named Inventor	Mark A. Alcazar			
Art Unit	2625			
Examiner Name	SANJIV D. SHAH			
Attorney Docket Number	MS1 0657US			

	U. S. PATENT DOCUMENTS						
Examiner Cite Document Number No.1		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
	ļ	Number-Kind Code ^{2 (ft known)}	ļ <u>.</u>		1 igures / Appear		
		^{US-} 6,289,450	9/11/2001	Pensak, et al.	1		
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		FORE	IGN PATENT DOCU	MENTS		
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

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PTO/SB/08B (08-03)

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2625

SANJIV D. SHAH

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction re required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449/PTO **Application Number** 09/675,693 OF TRADE INFORMATION DISCLOSURE **Filing Date** 9/29/2000 STATEMENT BY APPLICANT **First Named Inventor** Mark A. Alcazar

Art Unit

Examiner Name

(Use as many sheets as necessary)

Attorney Docket Number Sheet MS1 0657US 2 of NON PATENT LITERATURE DOCUMENTS Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of Examiner Cite Initials* No.1 the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue T² number(s), publisher, city and/or country where published. WALKOWSKI, "10 Minute Guide to WordPerfect 5.1 for Windows", Copyright 1992

Examiner	•	Date	
Signature	•	Considered	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Exective on 12/08/200
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FFF TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known				
Application Number	09/675,693			
Filing Date	9/29/2000			
First Named Inventor	Mark A. Alcazar			
Examiner Name	SANJIV D. SHAH	/		
Art Unit	2625			
Attorney Docket No.	MS1 0657US			

							
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC							
For the above-ide				authorized to	o: (check all th	at apply)	
✓ Charge fee	(s) indicated be	low		Charg	ge fee(s) indic	ated below, excep	ot for the filing fee
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FEE CALCULATION							
1. BASIC FILING, SEA	FÍLING I		SEARCH	I FEES		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE <u>Fee Description</u> Each claim over 20 or, Each independent claim	for Reissues, n over 3 or, fo						
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3. APPLICATION SIZE If the specification ar for each additiona Total Sheets - 100 =	nd drawings e al 50 sheets o Extra Shee	r fraction there	eof. See 35 ber of each a	U.S.C. 41(a) dditional 50)(1)(G) and 3 or fraction the	37 CFR 1.16(s). ereof <u>Fee (\$)</u>	•
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement							
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(509) 324-9256 45816 (Attorney/Agent) Name (Print/Type) Michael K. Colby 26 004 05

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